

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

002581

DOCUMENT # 593230

1. Entity Name

HAMPTON PLUMBING COMPANY

03-22-2001 90063 046 ***150.00

Principal Place of Business

**5114 RED FOX RUN
TALLAHASSEE FL 32303**

Mailing Address

**5114 RED FOX RUN
TALLAHASSEE FL 32303**

00028105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2208024

Applied For

Not Applicable

Zip **32303**

Country **USA**

Zip **32303**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMPTON, WILLIAM BENTON
5114 RED FOX RUN
TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

1656 CROWDER ROAD

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | BENTON, HAMPTON W | |
| STREET ADDRESS | 5114 RED FOX RUN | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | KIMBAL, HAMPTON W | |
| STREET ADDRESS | 5114 RED FOX RUN | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | PTS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMPTON, W. BENTON | |
| STREET ADDRESS | 1656 CROWDER ROAD | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

William B. Hampton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01 (850) 562-0673
Date Daytime Phone #

CR2E034 (10/00)